BOARD OF HEALTH

Establishment Name: Rapid Refill Convenience Date: 02/07/2008

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified

Discussion With Person in Charge: Fines or Warnings not corrected will lead to immediate closure.

Corrective Action Required ☐No ☑Yes

☑Voluntary Compliance
☐Re-inspection Scheduled
☐Embargo
☐Voluntary Disposal
☐Employee Restriction / Exclusion
☐Emergency Suspension
☐Emergency Closure
☐Other